

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township 1 Primary Registration District No. 3009
 8 City Waverly (No. 1250) Waverly St. 12 Ward 12

2. FULL NAME Mrs. Mary Amelia Langston
 (a) Residence, No. 1250 St. 12 Ward 12
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Her
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1870
 7. AGE 61 YEARS MONTHS 0 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) 2-25 11. Total time (years) spent in this occupation 2-25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County 1

13. NAME Res Brenneke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. D. A. 2

15. MAIDEN NAME Luna Christina Ludwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Mrs. Alice Hampton

18. BURIAL, CREMATION, OR REMOVAL Waverly DATE 1-14-1932

19. UNDERTAKER Waverly

20. FILED 1/13 1932 Waverly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 5 1932 to Jan 12 1932

I last saw him alive on Jan 12 1932. Death is said

to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

108 Date of onset

Lobar pneumonia

Other contributory causes of importance:

108

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Chrost

(Address) Cape Girardeau Mo. M. D.

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